

## **Requesting Resources**

July 25, 2012

Chris Utzinger, Washington Emergency Management Division



# **Submitting Requests**

4 WA-EOC RFA Ops - Windows Internet Explorer		
Entry Sort Filter		
Sa Request For Assistance or Resourc		
Date: 7/25/2012 Time: 06:5		
Originating Agency:		
County: City:		
Generate WA Tracking Number:	(WAEMD Logistics ONLY)	
Requestor Name:		Ex: 253-123-4567)
Subject:	Enter a one or two word description (ie: Generator or D	*
Detailed Description of Mission (What do you w		
		₹
Request Specfic Resources  Description/Kind: Si  Delivery Location Name:	ce/Type: Quantity:	Add Line
On-site Point of Contact:	On-site Phone Number:	
Date and Time Needed:	(Enter date and time needed. ASAP is	s not an appropriate entry )
Duration Needed:	(Enter date and time needed. Now it is	not an appropriate entry.)
Delivery Needed: C Yes C No		
Address: (Street, City, Zip)	Get Address Map It	
Latitude: Longitude:	•	
Description using Landmark:	Û.	
	sted or predicated to be exhausted in the near future?	○ Yes ○ No
	or predicated to be exhausted in the near future?	C Yes C No
	nausted or predicated to be exhausted in the near future?	
le the originating juriedict	on/agency willing to pay for the assistance?	C Yes C No
Sa		© res © No

- □ Phone
- □ Fax
- □ Email
- □ WebEOC











## Resource Request Processing

Request for Assistance

State Resource

Emergency
Support
Functions
(State
Agencies)

**Commercial Resource** 

- Contracts
- Purchase
- Lease

Mutual Aid

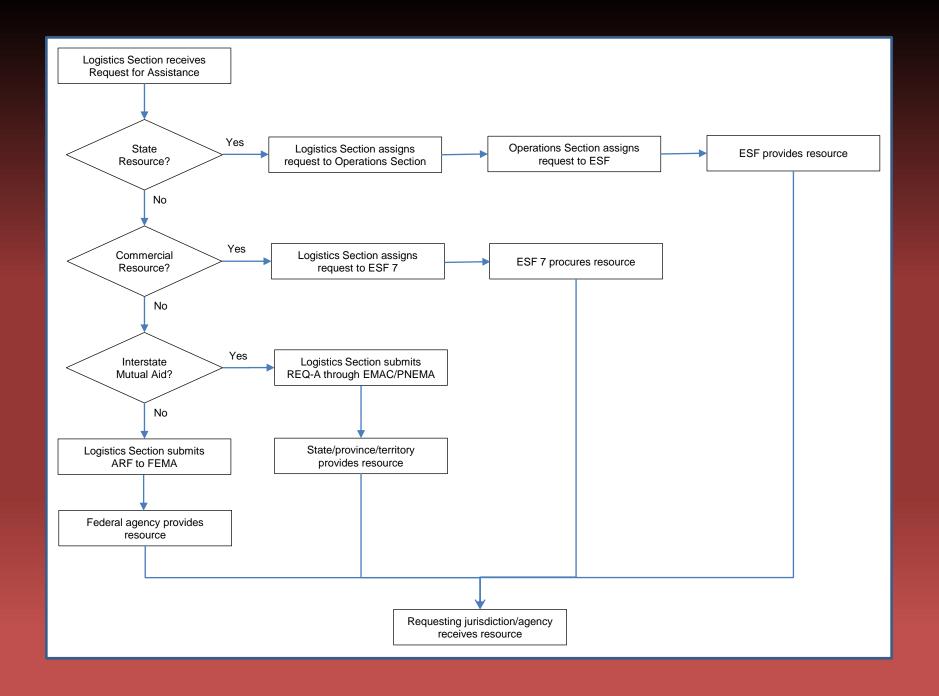
Interstate

International

Federal Assistance

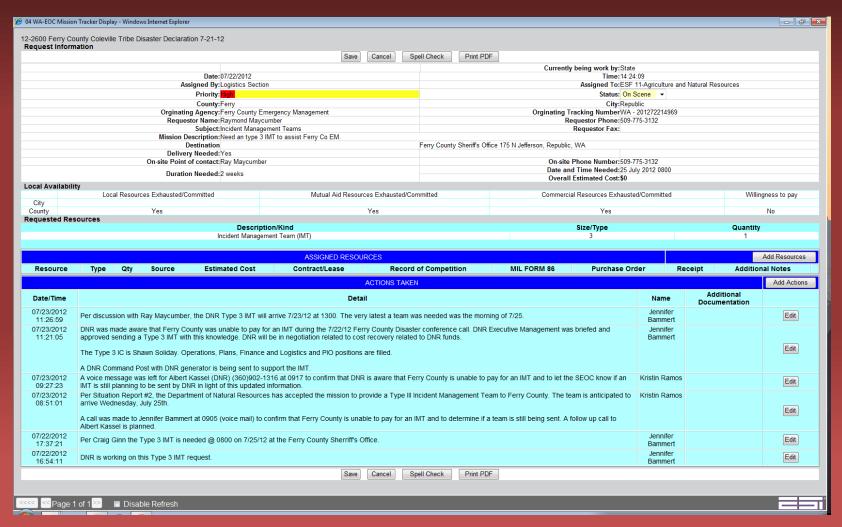
**FEMA** 

(including DOD)





## Resource Request Processing













## **REQ-A and ARF**

Emergency Management Assistance Compact (EMAC) Interstate Mutual Aid Request For Assistance Form REO-A, 2011



## ) BE COMPLETED BY THE REQUESTING STATE

SECTION	ON I TO BE COMPLETE	New or Amendment #:	REQ-A
Event	Evergreen Quake 2012 Function	Requesting State	WA
		EMAC Tracking #:	135-RR-841
Kednesong			

Requesting State REQ-A	Contact	Last Name:	Baez	
First Name:	Gabriel	Phone 2:	208-296-3830	1
Phone 1:	253-512-7092	Email 2:		

Resource Request	Type/Status
- (Causes)	State Type/Status  Requesting a Type II or III in the next 24 hrs. King County overwheled wiresponse activities  Requesting a Type II or III in the next 24 hrs. King County overwheled wiresponse activities
Mission Type/Source:	Demosting a Type II or III in the next 24 ms. King 4
Mission Description:	Requesting a Type II or II ill to the Month of Issaquah  Type II / III IMT's to report to King County-City of Issaquah  Type II / III IMT's to report to King County-City of Issaquah
Description:	Type II / III IMT's to report to king odully early incident Management Teams - Type II Incident Management Resources - Incident Management Teams - Type II Incident Management - Type II Incident
Resource Description:	Team(s)
NIMS Type:	# Type:
Millio Type	1

### (Including Travel Days)

Deployment Dates (Including Travel 22)	Demobilization Date:
Deployment Date:	
Duty Length	

Deployment Details	
Work Location / Facilities	Field Impacted Area
Location / Facility Name	TBD
Address 1	
Address 2	Zip Code
City	
Working Conditions	
Comments:	
Living Conditions	

ACTION RE	OF HOMELAND SECURITY ENCY MANAGEMENT AGENCY QUEST FORM (ARF)	See B	
I. REQUESTING ASSIST	QUEST FORM (ARF)	See Reverse f Disclosur	for Paperwork O.M.B No. 1660-0
REQUESTING ASSISTANCE (To     Requestors Name (Please print)	be completed by Requests		re Notice Expires March 31,
4. Requestor's Organization	2. Title		
	5. Fax No.		<ol><li>Phone No.</li></ol>
II. REQUESTING ASSISTANCE (To be		6. E-Mail	Address
II. REQUESTING ASSISTANCE (To be or 1. Description of Requested Assistance:	impleted by Requestor)		
La constitución de la constituci			
2. Quantity			
3. Priori	ty =		
5. Delivery Site Location	T Lifesaving Life's	Sustaining	
one Location	, riigh	Norm:	Date and Time Neede
		6. Site Point of	Contact (POC)
<ol> <li>State Approving Official Signature</li> </ol>		7. 24 Hour Pho	the No.
			ne No. 8. Fax No.
III. SOURCING THE REQUEST			10 0-4
III. SOURCING THE REQUEST - REVIEW/CO	ORDINATION (Operations		10. Date and Time
	2	Only)	
LOG Review by:	2.	Source:	3
Other Coordination:		Donations	<ol> <li>Assigned to:</li> </ol>
		Other (Explain)	1
Other Coordination:		Requisitions	ESF/OFA:
Other Coordination:		Procurement	
Immediate Action Required		Interagency Agreement	Other:
4. Immediate Action Required Yes Y	No	Mission Assignment	Date/Time:
IV. STATEMENT OF THE			
IV. STATEMENT OF WORK (Operations Section 1. OFA Action Officer	n Only)		
4. FEMA Project Manager		<ol><li>2. 24 Hour Phone No.</li></ol>	13.0
			3. Fax No.
7. Statement of Work		5. 24 Hour Phone No.	6. Fax No.
			and the contract of the contra
			See Attached
			The state of the s
& Estimate :			
8. Estimated Completion Date			
ACTION TAKEN (O-		9. Estimated Cost	
V. ACTION TAKEN (Operations Section Only)  Accepted		Contrated Cost	
Reason / Disposition	Rejected		
	Rejected	Requestor Notific	
		Notifie	.10
	RACKING INFORMATION (FEMA U		
CAPS/NEMIS Task ID:			
	Action Request No.	only)	
	Action Request No.	Program Code/Event No	2
APG/NEMIS Task ID:  Delived by (Name and Organization)  A Form 010-0-7, (3/2011)	Action Request No.	Program Code/Event No Date/Time Received	o. Originated



# got stuff?

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